

NECSD Vacation Request Form 2016-2017

Name: _____

Date: _____

Reporting Location: _____

Title: _____

“Circle” the days you intend to use as vacation on the calendar below. **Prior approval is required for all vacation days, so please plan accordingly.** Return to immediate supervisor for approval. Please **DO NOT** call the tape for vacation days. Unapproved vacation time may be charged against sick time or result in loss of pay. “H” indicates a district holiday for that day.

July 2016

Holidays are built into calendar

S	M	T	W	T	F	S
					1	2
3	H	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	6	27	28	29	30
						# of Days taken _____
						Balance of days _____

August 2016

S	M	T	W	T	F	S
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			
						# of Days taken _____
						Balance of days _____

September 2016

S	M	T	W	T	F	S
				1	2	
	H	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	1
						# of Days taken _____
						Balance of days _____

October 2016

S	M	T	W	T	F	S
2	H	4	5	6	7	8
9	H	11	H	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					
						# of Days taken _____
						Balance of days _____

November 2016

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	H	12
13	14	15	16	17	18	19
20	21	22	23	H	H	26
27	28	29	30			
						# of Days taken _____
						Balance of days _____

December 2016

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	H	24
25	H	H	H	H	H	31
						# of Days taken _____
						Balance of days _____

January 2017

Holidays are built into calendar

S	M	T	W	T	F	S
1	H	3	4	5	6	7
8	9	10	11	12	13	14
15	H	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				
						# of Days taken _____
						Balance of days _____

February 2017

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	H	21	22	23	24	25
26	27	28				
						# of Days taken _____
						Balance of days _____

March 2017

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	1
						# of Days taken _____
						Balance of days _____

April 2017

S	M	T	W	T	F	S
2	3	4	5	6	7	8
9	H	H	H	H	H	15
16	H	18	19	20	21	22
23	24	25	26	27	28	29
30						
						# of Days taken _____
						Balance of days _____

May 2017

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	H	30	31			
						# of Days taken _____
						Balance of days _____

June 2017

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	
						# of Days taken _____
						Balance of days _____

Approved by: _____

Date: _____